



INITIAL APPLICATION FOR

**MASSACHUSETTS EMT-BASIC CERTIFICATION**

**HOLDING MASSACHUSETTS MD/PA/RN LICENSURE**

INITIAL APPLICATION FOR  
**MASSACHUSETTS EMT-BASIC CERTIFICATION**  
HOLDING MASSACHUSETTS MD/PA/RN LICENSURE**OVERVIEW**

This form is for individuals applying for an EMT-Basic certification who hold current licensure as a Massachusetts MD/PA/RN. Your Massachusetts MD/PA/RN license(s) must be current and in good standing at the time of application and throughout your certification period.

MDPH/OEMS will review and verify your eligibility for certification. Only those candidates who meet **ALL** eligibility requirements will be eligible for certification. Applications will be returned to those candidates who are not eligible for certification. Please fill out both sides of the form completely and legibly. Sign and date the application form as testimony that all of the information presented is accurate to the best of your knowledge.

**APPLICATION CHECKLIST**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>APPLICATION</b>             | Completed application for Massachusetts certification as an EMT-Basic   |
| <input type="checkbox"/> <b>FEE</b>                     | Required Massachusetts certification fee, in the form of a check or money order for \$150, payable to the Commonwealth of Massachusetts.  |
| <input type="checkbox"/> <b>MD/PA/RN LICENSURE</b>      | A copy of your current MD/PA/RN Licensure (both sides)  |
| <input type="checkbox"/> <b>CPR CARD</b>                | A copy of <b>both sides</b> of your current Basic Cardiac Life Support (BCLS) successful course completion credentials from the American Heart Association (AHA) Health Care Provider, or the American Red Cross (ARC) Professional Rescuer, or equivalent health care provider level course meeting the standards of the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the AHA. |
| <input type="checkbox"/> <b>STATE VERIFICATION FORM</b> | This form must be completed for any state in which you have (or held) any health care certification or licensure (including EMT). This form is available online and must be completed for any state in which you have (or held) EMT certification/licensure. Send this form (with a self-addressed/stamped envelope) to the State EMS office of question and they will return it directly to our office.    |
| <input type="checkbox"/> <b>CORI PACKET</b>             | <b>Only if you answer "YES" to QUESTION 3 (criminal history).</b> Form available at <a href="http://www.mass.gov/dph/oems">www.mass.gov/dph/oems</a> .  |

Submit the **complete** application with your certification fee and required credentials to:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES  
CERTIFICATION  
99 CHAUNCEY STREET, 11<sup>TH</sup> FLOOR  
BOSTON, MA 02111

Please check your application for completeness and legibility. If your application is incomplete or illegible, it will be returned to you and your certification will be delayed. Make sure you have provided all supporting documents, as applicable, based on your answers to the questions on the back of the application.

**APPLICABLE STATE REGULATIONS**

Applicants for EMT certification should be aware of Massachusetts laws and regulations which govern the conduct of EMTs, including, but not limited to, M.G.L. c. 111C and 105 CMR 170.000. These laws and regulations are available on line, at [www.mass.gov/dph/oems](http://www.mass.gov/dph/oems), at the State House Book Store and may be available at your local library for your review.

**INITIAL APPLICATION FOR  
MASSACHUSETTS EMT-BASIC CERTIFICATION**  
**HOLDING MASSACHUSETTS MD/PA/RN LICENSURE**

This form is for individuals applying for an EMT-Basic certification who hold current licensure as a Massachusetts MD/PA/RN. Your Massachusetts MD/PA/RN license(s) must be current and in good standing at the time of application and throughout your certification period.

**FEE:** \$150.00 non-refundable check or money order made out to the COMMONWEALTH OF MASSACHUSETTS

**SUBMIT TO:** **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**  
OFFICE OF EMERGENCY MEDICAL SERVICES  
CERTIFICATION  
99 CHAUNCEY STREET, 11<sup>TH</sup> FLOOR  
BOSTON, MA 02111

**PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK**

**NAME:**

FIRST	MIDDLE	LAST

**MAILING ADDRESS:**

STREET	CITY	STATE	ZIP CODE

**SOCIAL SECURITY NUMBER:**

(SSN required per M.G.L. Chapter 30A Sec. 13A)

**DATE OF BIRTH** (mm/dd/yyyy):

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**HAVE YOU CONTACTED THE NREMT TO INITIATE THE APPLICATION PROCESS?** YES ( ) NO ( ) 614-888-4484 (EXT 2)

**DO YOU CURRENTLY HOLD (OR HAVE YOU EVER HELD) HEALTHCARE PROVIDER CERTIFICATION/LICENSURE (AT ANY LEVEL) IN ANY OTHER STATE?**

☐ **NO**

☐ **YES (LIST ALL STATES):**

**Please note that you must submit a state verification form for every state in which you hold/have held EMT certification/licensure.**  
**Form is available at [mass.gov/dph/oems](http://mass.gov/dph/oems).**

**OPTIONAL INFORMATION**

The following information is requested for statistical purposes. Please check the appropriate boxes:

<b>RACE:</b>	<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other:		
<b>EDUCATION:</b>	<input type="checkbox"/> Some High School	<input type="checkbox"/> HS Grad or GED	<input type="checkbox"/> Some College	
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree		
<b>SEX:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		

**(CONTINUED ON REVERSE)**

**INITIAL APPLICATION FOR  
MASSACHUSETTS EMT-BASIC CERTIFICATION**  
**HOLDING MASSACHUSETTS MD/PA/RN LICENSURE**

**PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS**

Your failure to answer any of the above referenced questions will result in the return of your application without action. Your failure to disclose relevant information may result in the denial or revocation of your certification.

**IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, ATTACH A WRITTEN EXPLANATION WITH SUPPORTING DOCUMENTATION**

**EMT BACKGROUND**

1. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended, revoked, or voluntarily surrendered in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician or hospital)? ☐ YES ☐ NO
- 2a. Were you ever certified or licensed as an EMT (at any level) or any other type of health care provider in Massachusetts or any other state or jurisdiction? ☐ YES ☐ NO
- 2b. If Yes, was your certification or license ever restricted, suspended, revoked or voluntarily surrendered in Massachusetts or any other state or jurisdiction? ☐ YES ☐ NO

**CRIMINAL HISTORY**

3. Have you ever: a) been convicted of; b) entered a plea of guilty, nolo contendere, or no contest to; or, c) admitted to sufficient facts, in connection with a felony or misdemeanor in any jurisdiction, other than a minor traffic violation, even if the matter was continued without a finding or the court withheld adjudication so that you would not have a record or conviction? For purposes of this question, driving under the influence or driving while impaired is not a minor traffic violation. ☐ YES ☐ NO

With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation, including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status.

**If you answered "yes" to question #3, you must submit a CORI Acknowledgement form (available on the OEMS website, at [www.mass.gov/dph/oems](http://www.mass.gov/dph/oems)), a copy of your current driver's license or government-issued photo identification, and supporting documentation.**

**CERTIFICATIONS AND AUTHORIZATIONS**

1. I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.
2. I certify that I have complied with the laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.
3. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts.
4. I agree to keep DPH/OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify DPH/OEMS in writing of any changes.
5. I authorize DPH/OEMS and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or as an EMT, I understand that a criminal history check may be conducted and that it will not automatically disqualify me.
6. I hereby certify that I meet all the criteria for certification as required by 105 CMR 170.000 et seq. Further, I certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification which I am seeking to regain.
7. I hereby authorize DPH/OEMS to release my examination scores to the teaching institution/agency and the instructor.

**SIGNATURE OF APPLICANT:**

**DATE:**